Identifying Ethical Issues of Department of the Army Civilians and Army Nurse Corps Certified Registered Nurse Anesthetists

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Outline

- Introduction
- Purpose/Significance of the problem
- Theoretical framework
- Literature review
- Research questions
- Methods
- Findings
- Conclusions/Limitations
- Implications/Recommendations

Introduction

- Ethics and ethical practice are fundamental requirements for the delivery of quality anesthesia care
- Technological advancements have led to an increase in ethical issues in nursing practice
- Department of the Army civilian (DAC) and Army Nurse Corps (ANC) Certified Registered Nurse Anesthetists (CRNAs) may encounter ethical issues quite unlike their traditional civilian counterparts

Purpose

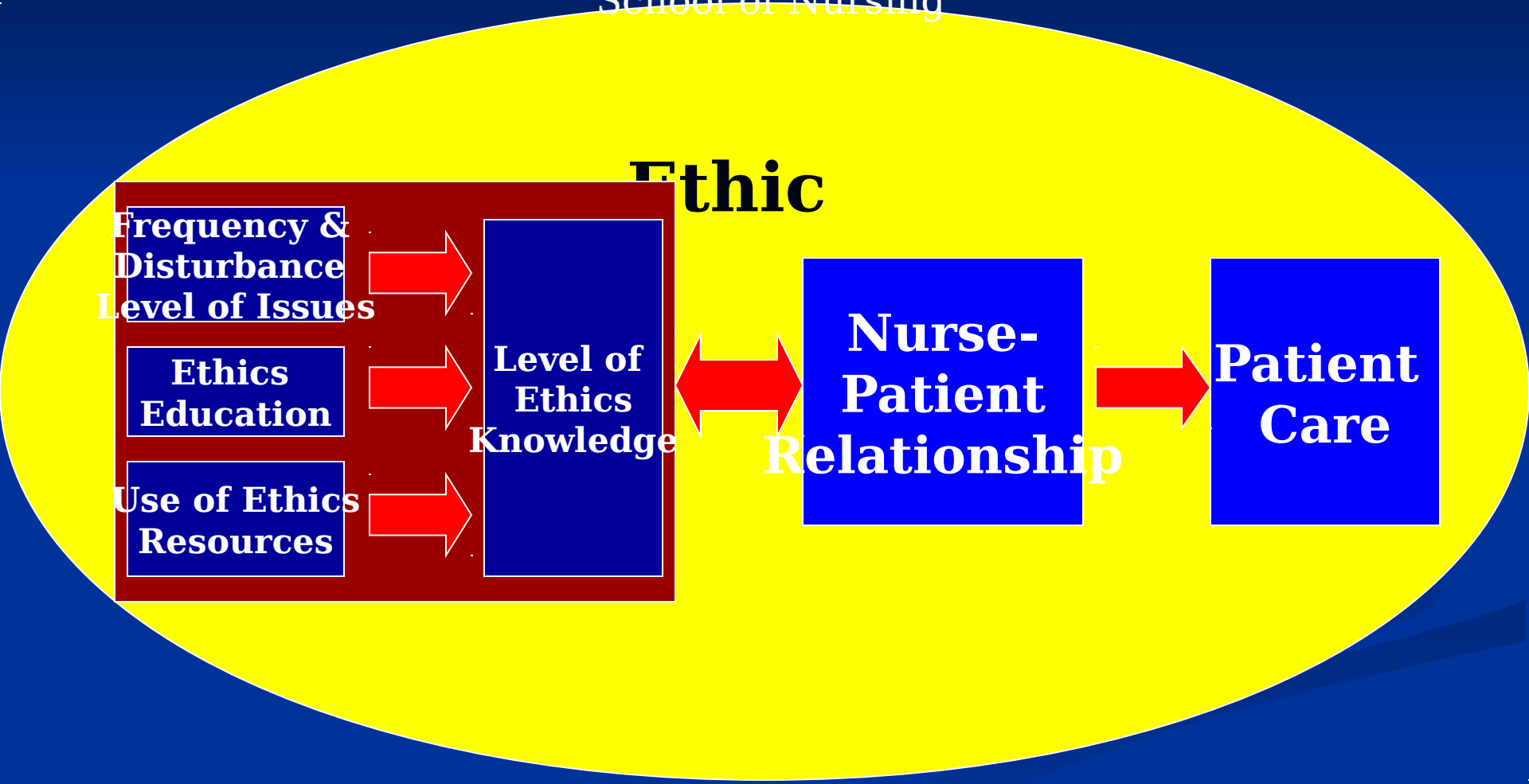
- Identify ethical issues encountered by Department of the Army civilian (DAC) and Army Nurse Corps Active Component certified registered nurse anesthetists (ANC-CRNA) in their practice
- Includes identifying the most frequently occurring issues, the most disturbing issues, the ethics educational needs, and use of ethics resources

Significance of the Problem

- No published data
- Unique military environment
- Failure to recognize or resolve ethical issues may have serious repercussions
- CRNAs must have appropriate education and resources available to address ethical issues
- Provide preliminary information on ethical issues faced by DAC and ANC-CRNAs

Theoretical Framework

Developed by Sarah T. Fry , RN, PhD, FAAN, Henry R. Luce Professor of Nursing Ethics at Boston College School of Nursing



Harris, J., & Agazio J. (2002, May). *Ethical Issues in Department of the Army Nursing Practice*. Paper presented at the Phyllis J. Verhonick Research Conference, San Antonio,

Literature Review

- Fry ST, Damrosch S. Ethics and human rights issues in nursing practice: a survey of Maryland nursing. *The Maryland Nurse,* 1994; 13:11-12.
- Fry ST, Riley JM, Duffy ME, Currier S. Ethics and human rights in nursing practice: A Multi-State survey of Registered Nurses. Boston: *Nursing Ethics Network,* 1999.

Research Questions (1 of 3)

1. How frequently DAC and ANC-CRNAs encounter ethical issues?
2. Which of the ethical issues encountered were most personally disturbing?
3. How frequently are DAC and ANC-CRNAs directly involved in an ethical issue in their practice?
4. How did DAC and ANC-CRNAs handle their last direct involvement with an ethical issue in their practice?

Research Questions (2 of 3)

5. How do DAC and ANC-CRNAs assess their knowledge of ethical issues in nursing practice?
6. What are the educational needs of DAC and ANC-CRNAs?
7. How do DAC and ANC-CRNAs rate the adequacy of their workplace resources in helping them deal with ethical issues?

Research Questions (3 of 3)

8. Are there differences in the ethical issues encountered, or in the need for ethics education based on demographic factors such as rank (company vs. field grade) and the type of nurse (military vs. civilian)?

Methods

Study Design

- Descriptive study using a secondary data analysis of the cross-sectional survey conducted by Harris and Agazio(2002)

Instrument

- Ethical Issues Scale (EIS) initially developed 1994
- Modified version of EIS developed using focus groups convened to establish content validity

Instrument

- Exploratory Factor analysis with Principal Component analysis used to identify subscales and assess construct validity
- Minimum criterion-item total correlation level of .30 was set for inclusion in the subscale
- Modified EIS comprised of 65 questions and 6 conceptual categories
- Cronbach's alpha for 6 domains ranged .7398 to .9591

Data Collection

- Survey distributed using a modified Dillman method for mail surveys
- Coded by facility only, distributed and disseminated by a point of contact
- Cover letter addressed purpose of study, respondent's rights, and assured anonymity
- Consent implied with return of survey
- If any facility had a response rate <25%, additional surveys were redistributed

Subjects

- Parent study population included Army Nurse Corps-Active Component officers (N=2236) & Department of the Army Civilian Registered nurses (N=2342)
- 1899 Returned surveys
- Subset analysis performed on those surveys that indicated a primary practice setting of “Anesthesia” (n= 97)
- ANC-CRNA (n=74), DAC-CRNA (n=22), Missing data (n=1)

Statistical Analysis of Data

- Non-parametric data analyzed with frequency and contingency tables
- Weighted scores developed, frequencies assigned point values
- Highest parameter receiving a score of three points, lowest receiving a score of zero points
- Weighted scores were summed and items ranked

Statistical Analysis of Data

- Parametric data reported with means, ranges, and standard deviations
- Chi-square used to determine significant differences between the top five military and civilian CRNA issues

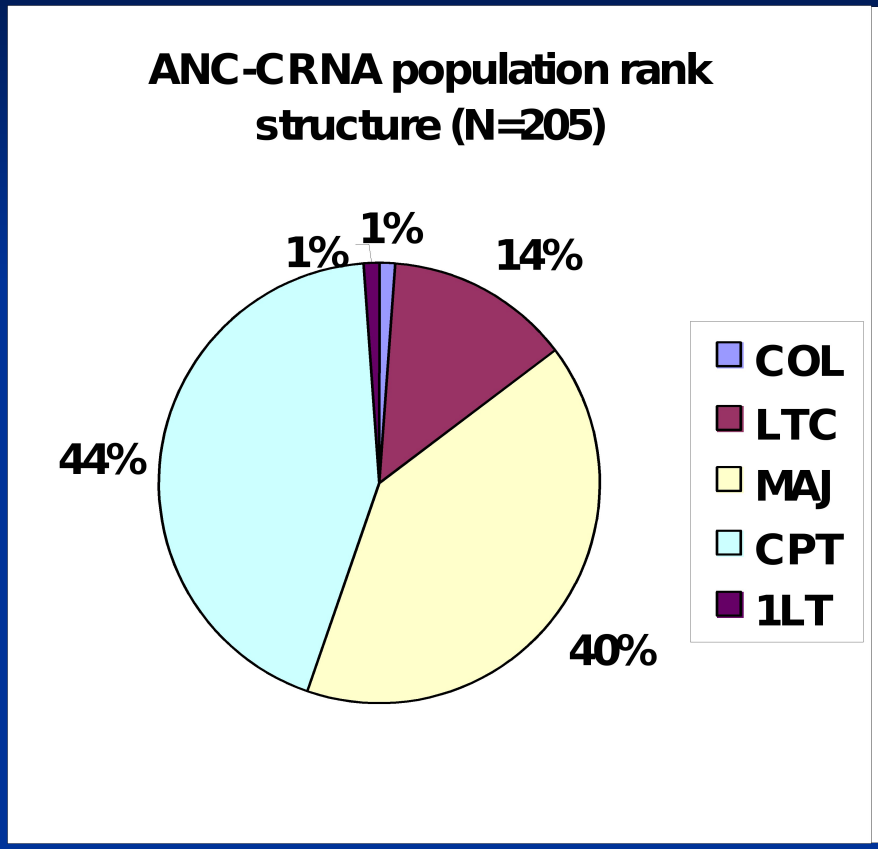
Demographics (n=97)

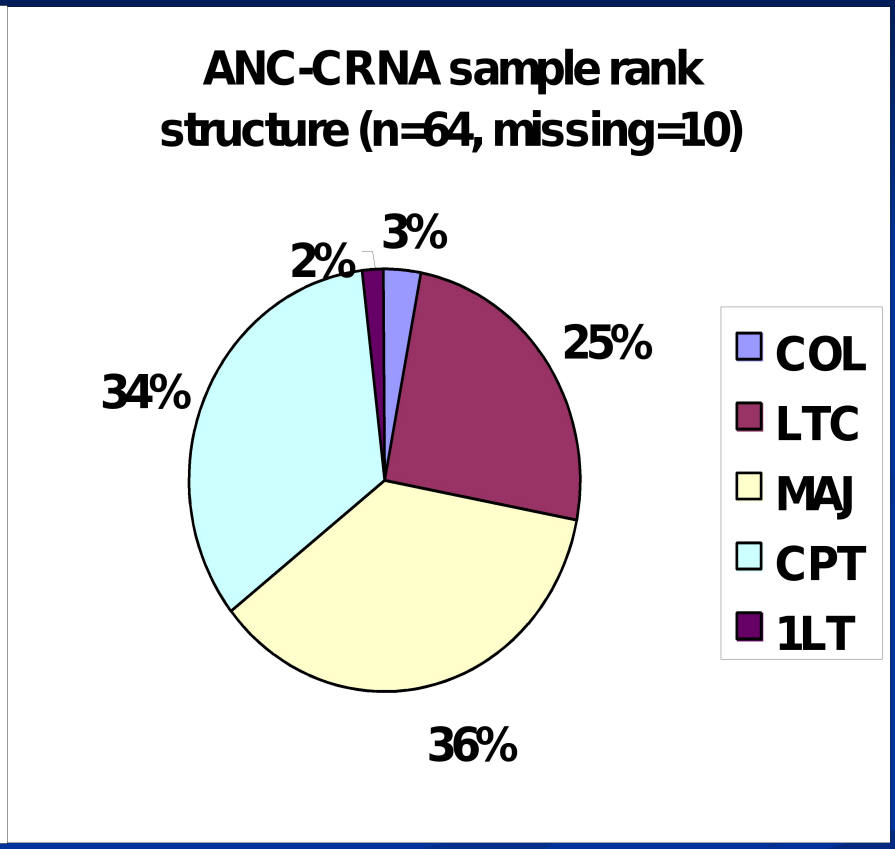
- Female 40%, Male 60%
- Mean age 42 ± 6.9 years, range 28-58 years
- 92% Master's prepared or higher
- Mean years of nursing experience 16 ± 6.9, range 4-35

ANC-CRNA Demographics (n=74)

- Represents 36% of total population of ANC-CRNAs (N=205)
- Female 36%, Male 64%
- Mean age 40.7 ± 6.3, range 28-53
- 93% Master's prepared or higher
- Mean years of nursing experience 15 ± 6.5, range 4-35

Rank Distribution





DAC-CRNA Demographics(n=22)

- Unknown % of DAC-CRNA represented
- Female 57%, Male 43%
- Mean age 43.3 ± 7.5, range 31-58
- 86% Masters prepared
- Mean years of nursing experience 19.7 ± 7.2, range 8-35

Findings

Most frequently occurring ethical issues (1 of 2)

1. [9] Conflicts in the nurse-physician (or other professional) relationship
2. Staffing patterns that limit quality of nursing care (being pulled for military duty)
3. [6] Mandatory overtime that affects quality of care
4. [7] Providing care with possible risk to your health (HIV, violence)
5. [1] Protecting patient rights and human dignity

Most frequently occurring ethical issues (2 of 2)

6. [2] Staffing patterns (short staffing, skill mix) that limits quality of nursing care
7. [5] Respecting/not respecting informed consent to treatment
8. [7] Over/under use of pain management
9. [4] Staffing patterns that limit patient access to nursing care
10. [3] Protecting patient rights to quality of nursing care

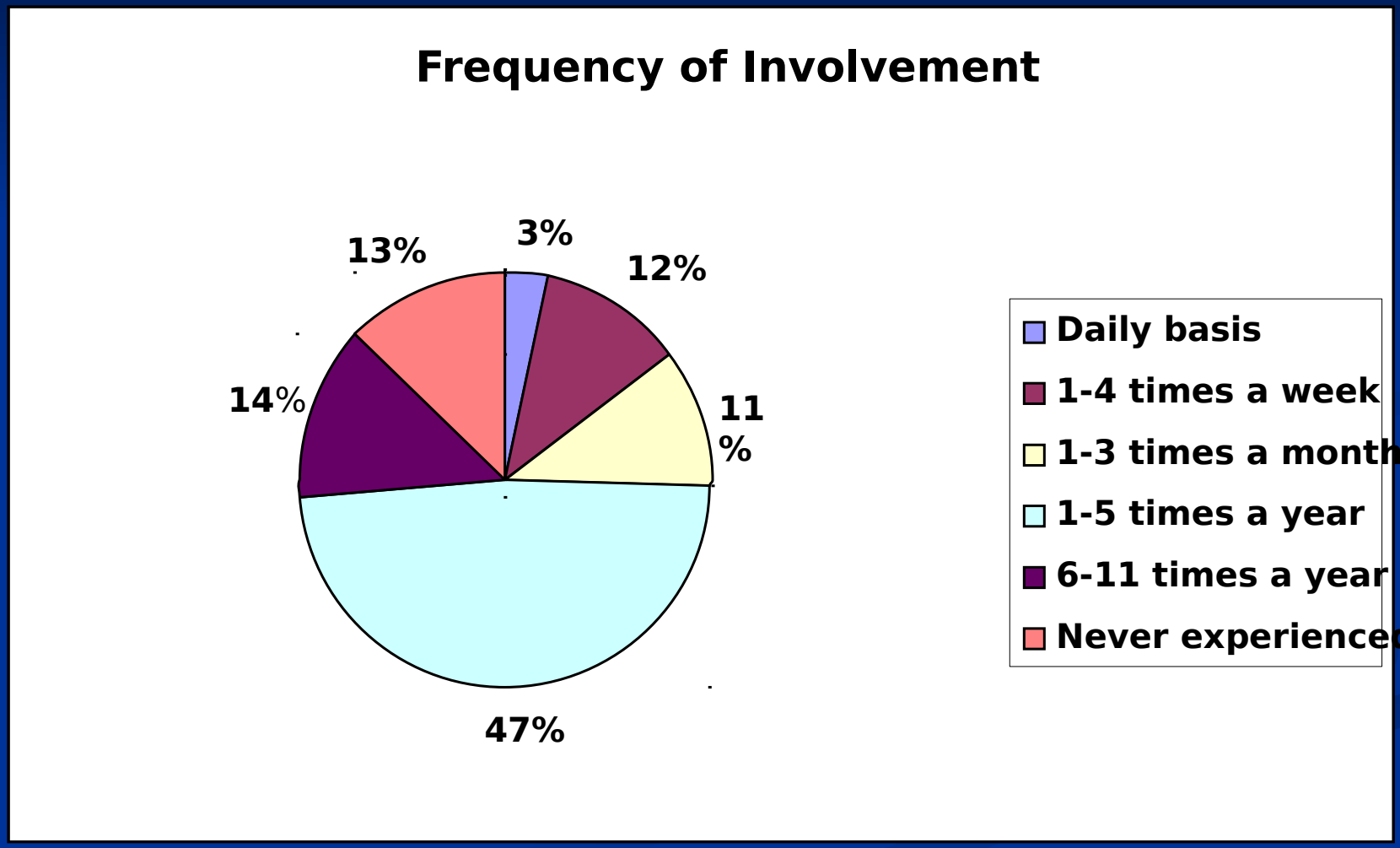
Most disturbing ethical issues (1of 2)

1. [5] Working with incompetent or impaired colleagues
2. [7] Conflicts in the nurse-physician (or other professional) relationship
3. Working with unsafe equipment and/or environmental hazards
4. [1] Staffing patterns (short staffing, skill mix) that limit quality of nursing care
5. Staffing patterns that limit quality of nursing care (being pulled for military duty)

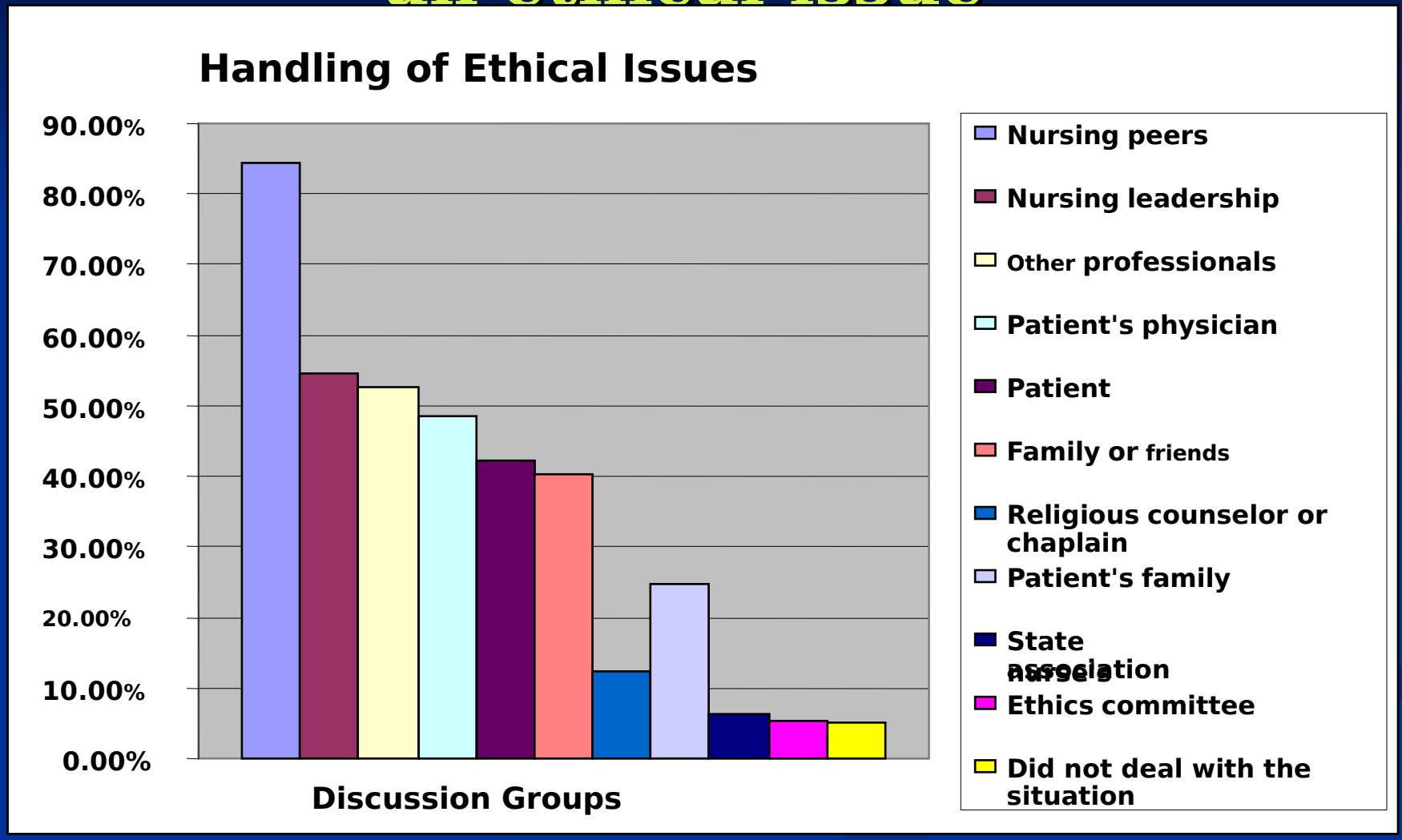
Most disturbing ethical issues (2of 2)

6. Mandatory overtime that effects quality of care
7. Prolonging the living/dying process with inappropriate measures
8. Treatment/non treatment despite patient/family wishes
9. Reporting mismanagement or incompetent colleagues at personal/career risk
10. Using experimental treatments or equipment without patient consent

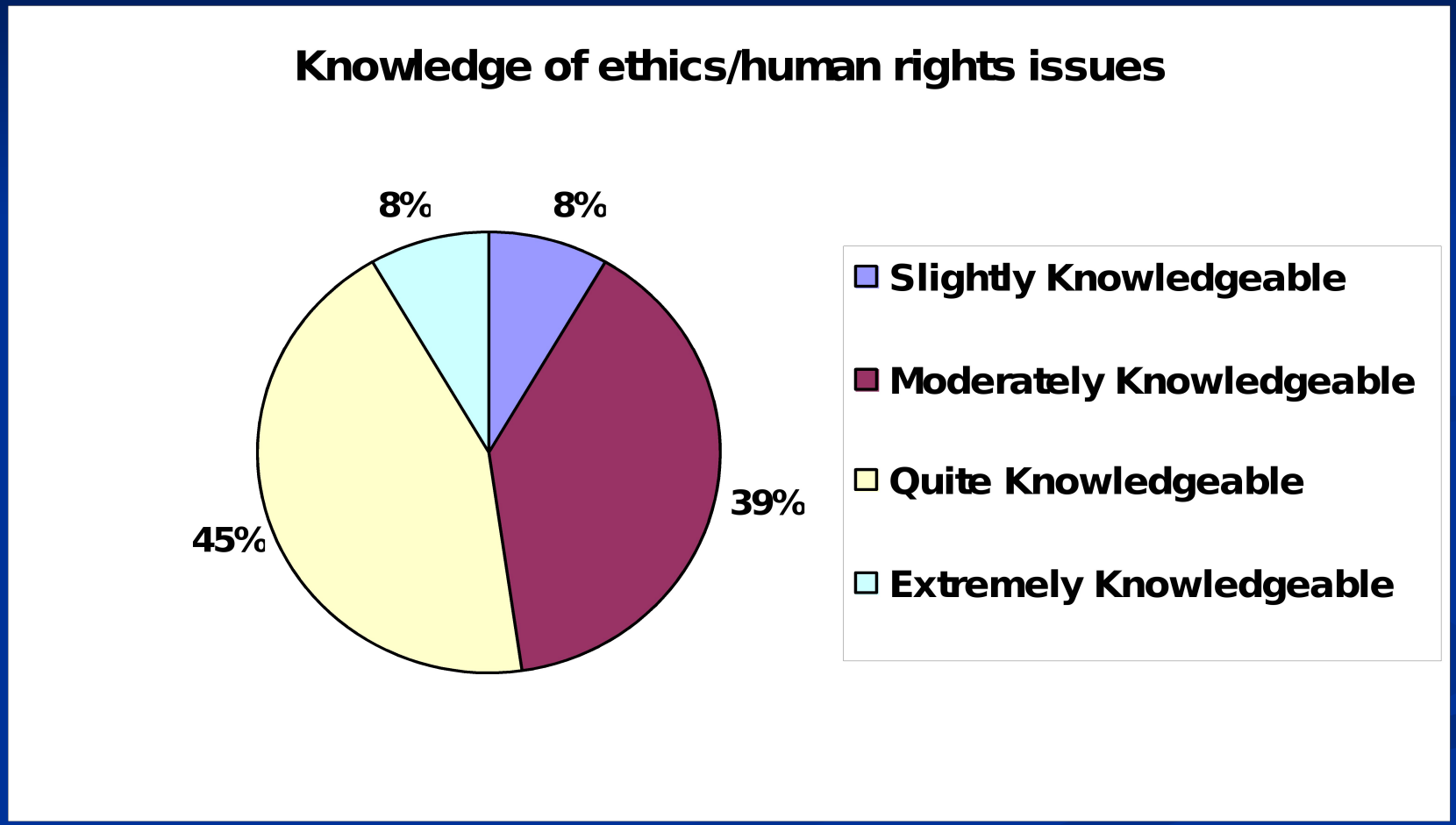
Frequency of direct involvement with ethical issues



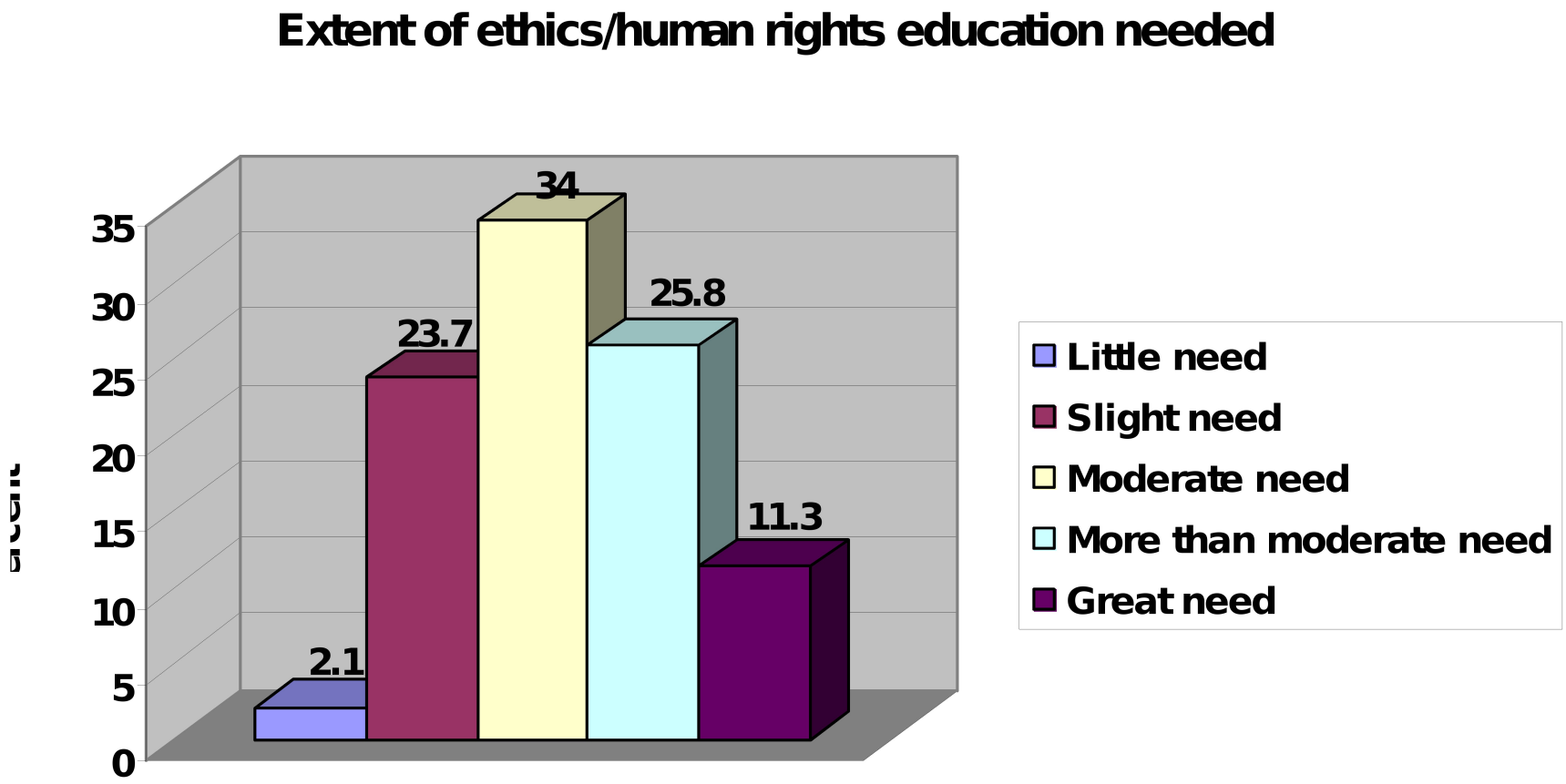
How DAC and ANC-CRNAs handled their last direct involvement with an ethical issue



How do DAC and ANC-CRNAs assess their knowledge of ethical issues



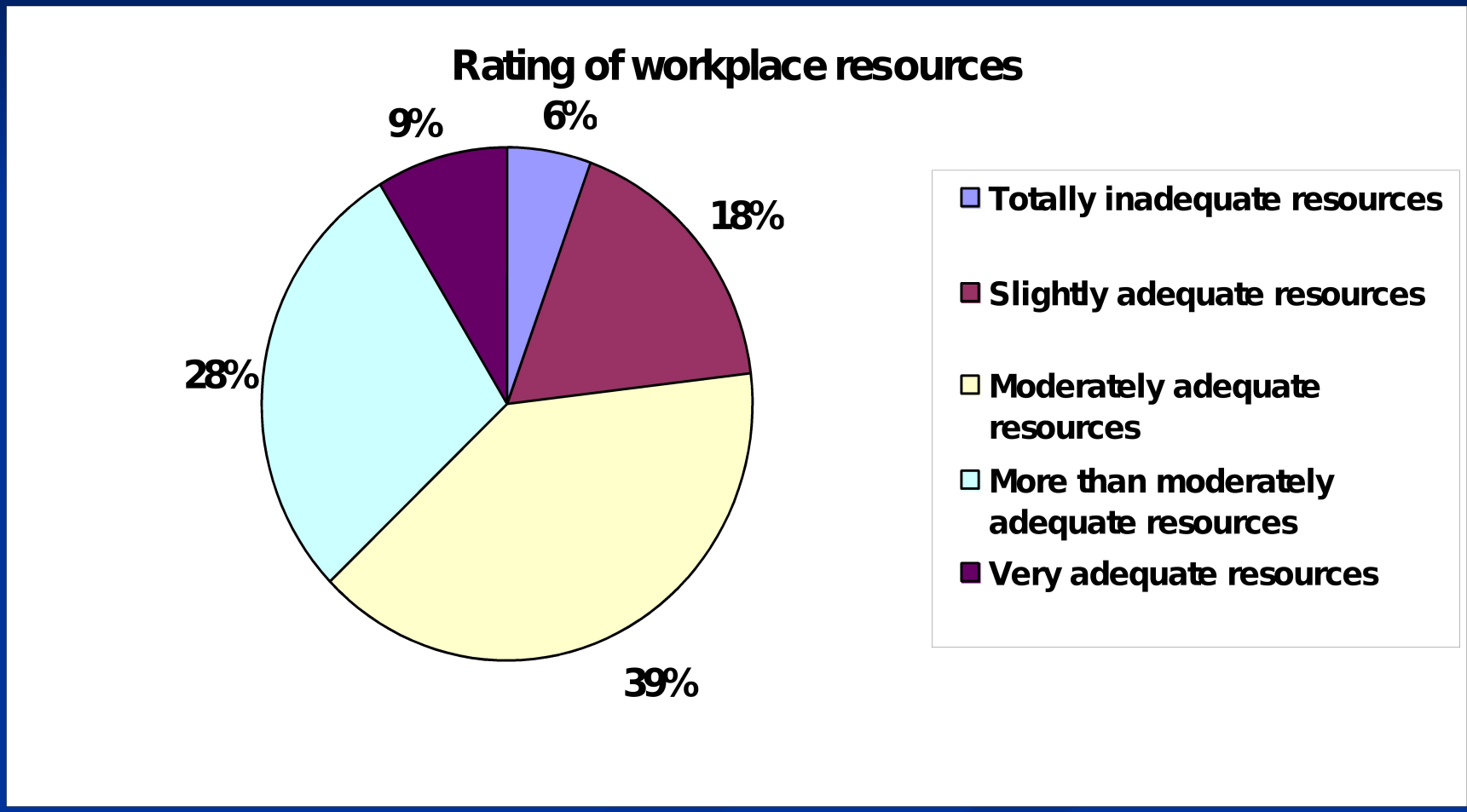
Extent of ethics/human rights education needed



Top five most helpful ethics educational topics

1. Ethics of triage
2. Conduct of the healthcare provider as a Prisoner of War (POW)
3. Nurse as a patient advocate
4. Ethical decision making (moral reasoning/moral judgment)
5. Quality of life

How do DAC and ANC-CRNAs rate workplace resources



Knowledge and use of ethics committees

- 70% aware of hospital's ethics committee
- 25 % not sure if hospital had an ethics committee
- 3% stated the hospital did not have an ethics committee
- 50% knew how to access hospital's ethics committee
- Only 1% accessed the ethics committee in last 12 months

Differences in the ethical issues encountered or need for ethics education based on demographic factors

- Determining statistical differences between military and civilian CRNAs and company and field grade officers not possible due to inability to meet assumptions of Chi square test
- Valuable information lost when cells collapsed in an attempt at further statistical analysis
- Data evaluated in contingency tables

Top five frequently encountered ethical issues for Military CRNAs (n=74)

1. Conflicts with nurse-physician (or other professional) relationship
2. Mandatory overtime that affects quality of care
3. Staffing patterns that limit quality of nursing care (being pulled for military duty)
4. Providing care with possible risk to your health
5. Staffing patterns (short staffing/skill mix) that limit quality of nursing care

Top five frequently encountered ethical issues for DAC-CRNAs (n=22)

1. Protecting patient rights and human dignity
2. Providing care with possible risk to your health
3. Conflicts with nurse-physician (or other professional) relationship
4. Respecting/not respecting informed consent to treatment
5. Staffing patterns that limit quality of nursing care (being pulled for military duty)

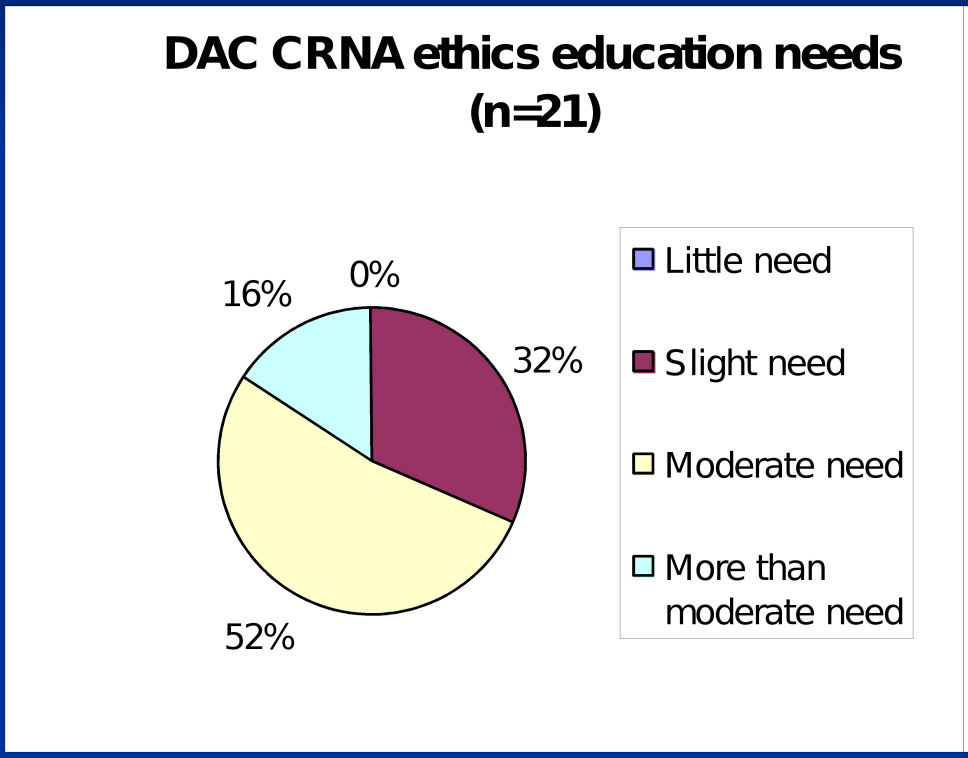
Top five most disturbing ethical issues for Military CRNAs (n=74)

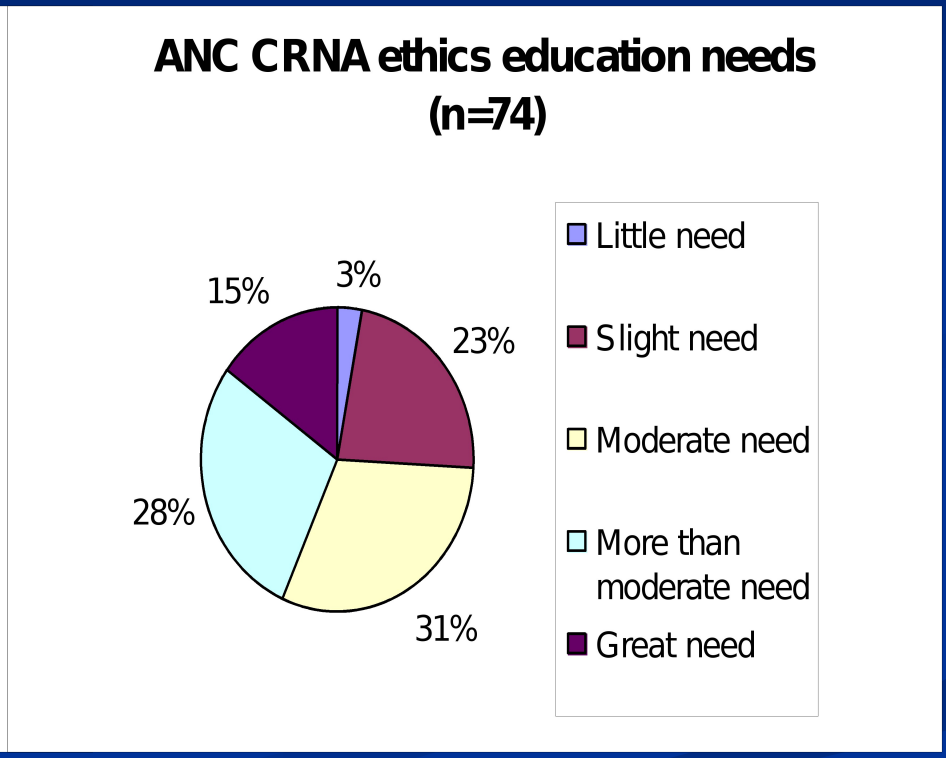
1. Working with incompetent/impaired colleagues
2. Conflicts with nurse-physician (or other professional) relationship
3. Staffing patterns (short staffing/skill mix) that limit quality of nursing care
4. Staffing patterns that limit quality of nursing care
   (being pulled for military duty)
5. Working with unsafe equipment and/or environmental hazards

Top five most disturbing ethical issues for DAC-CRNAs (n=22)

1. Working with incompetent/impaired colleagues
2. Prolonging dying process with inappropriate measures
3. Working with unsafe equipment and/or environmental hazards
4. Staffing patterns that limits patient access to nursing care
5. Mandatory overtime that affects quality of nursing care

Extent DAC and ANC CRNAs need ethics education





Conclusions

- Majority of ANC and DAC-CRNAs experience ethical issues 1-5 times per year and resolve the issue by discussing it with their peers
- Most frequently encountered ethical issue: conflict with nurse-physician (or other professional) relationship
- Most disturbing ethical issue: working with incompetent/impaired colleagues

Conclusions

- Staffing patterns and mandatory overtime appear both in the top ten of most frequently and most personally disturbing ethical issues
- 71% state a moderate or greater need for ethic education

Limitations

- Secondary analysis
- Response bias
- Small sample size
- Tool not specifically designed for CRNAs

Military Nursing Implications

- Identifying the ethical issues and the disturbance level will increase awareness of the issues and contribute to development of an ethics education program
- Ethics education program should give the CRNA the appropriate tools in order to recognize, evaluate, and resolve ethical issues

Recommendations

- Further research
- Adapt tool to issues specific to CRNAs
- Tailor tool to assess root cause
- Relate involvement with ethical issues to how CRNAs handle them, impact on patient care, and staff turnover
- Resurvey

Questions?